**ARCHITECTURAL REVIEW COMMITTEE**

**REQUEST FOR MODIFICATION**

Gardens at Bonita Springs Condominium Association

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby request approval by the Architectural Review Committee for the modification shown below to Unit/Lot \_\_\_\_\_\_\_\_\_\_\_ located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Home Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUBJECT BEING REQUESTED (Please describe in detail, include materials and colors used as well as size):**

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**Please include the following:**

1. Name of Company Performing Work • Certificate of Insurance
2. Copy of the Occupational License • Permits - Where Applicable

\*\* Any expense incurred due to City/County code changes will be the responsibility of applicant.

**DRAWING ATTACHED:**

 **If no drawings are attached, please use the area provided on the reverse side of this form.**

I/We hereby make application to the Architectural Review Committee for the above-described item to be approved in writing by the Architectural Review Committee and the Board of Directors.

**I/We understand that approval of our request must be granted before I/We can have the job started. I/We also acknowledge that we could be forced to have the item removed if it is installed without approval. I/We also acknowledge that this request is granted AS PRESENTED to the Board of Directors and must be completed as presented. Any changes are not approved and will not be accepted without the approval of the Committee.**

**PLEASE RETURN BOTH PAGES!!**

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 Signature of Applicant Signature of Applicant

Please sketch your improvements as much to scale and location to existing structures on the property.

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Please return form and all information to the address below:

INDEPENDENT MANAGEMENT, LLC

28100 Bonita Grand Dr Suite #104

Bonita Springs, FL 34135

PH: (239) 948-0424 Fax:  239-948-3476

The above request for modification to Unit/Lot# \_\_\_\_\_\_\_\_\_ has been: ( ) DISAPPROVED

( ) APPROVED ( ) APPROVED WITH THE FOLLOWING CHANGES:

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHAIRPERSON ARC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_